

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

**EASTERN DISTRICT OF TEXAS**

Case number (if known): \_\_\_\_\_ Chapter 7

☐ Check if this is an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name ParkHill Pediatric Surgery Center, LLC
2. All other names debtor used in the last 8 years dba Legent Pediatric Surgery Center
- Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) 8 1 - 0 6 9 0 5 7 7
4. Debtor's address
- | Principal place of business            | Mailing address, if different from principal place of business              |
|--|---|
| <u>7000 West Plano Pkwy, Suite 100</u> |   |
| Number Street                          | Number Street   |
|  | P.O. Box  |
|  |   |
| <u>Plano TX 75093</u>                  |   |
| City State ZIP Code                    | City State ZIP Code   |
| <u>Collin</u>                          | Location of principal assets, if different from principal place of business |
| County                                 |   |
|  | <u>7150 Greenville Avenue</u>   |
|  | Number Street   |
|  | <u>Greenville Medical Tower, Suite 400</u>                                  |
|  |   |
|  | <u>Dallas TX 75231</u>  |
|  | City State ZIP Code   |
5. Debtor's website (URL) https://parkhill-surgery.com/
6. Type of debtor
- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- ☐ Partnership (excluding LLP)
- ☐ Other. Specify: \_\_\_\_\_

Debtor **ParkHill Pediatric Surgery Center, LLC**

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business**

*A. Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

*B. Check all that apply:*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

*C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>*

6 2 1 9

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

*Check one:*

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11.

*Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, AND IT CHOOSES TO PROCEED UNDER SUBCHAPTER V OF CHAPTER 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?
- ☐ No
- ☒ Yes. District Northern District, Dallas Divis When 05/29/2020 Case number 20-31534-HC  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☐ No
- ☒ Yes. Debtor ParkHill Imaging Center Dallas, LLC Relationship Affiliate

List all cases. If more than 1, attach a separate list.

District Eastern District, Sherman Division When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known 20-

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

Debtor **ParkHill Pediatric Surgery Center, LLC**

Case number (if known) \_\_\_\_\_

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☐ No

☒ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.

☒ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other \_\_\_\_\_

**Where is the property?**

**7150 Greenville Avenue**

Number Street

**Greenville Medical Building, Suite 400**

**Dallas**

City

**TX**

State

**75231**

ZIP Code

**Is the property insured?**

☐ No

☒ Yes. Insurance agency **CNA**

Contact name

**Galyean Insurance Agency**

Phone

**(972) 772-2390**

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

☐ Funds will be available for distribution to unsecured creditors.

☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

☐ 1-49

☒ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5,001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

**15. Estimated assets**

☐ \$0-\$50,000

☐ \$50,001-\$100,000

☐ \$100,001-\$500,000

☒ \$500,001-\$1 million

☐ \$1,000,001-\$10 million

☐ \$10,000,001-\$50 million

☐ \$50,000,001-\$100 million

☐ \$100,000,001-\$500 million

☐ \$500,000,001-\$1 billion

☐ \$1,000,000,001-\$10 billion

☐ \$10,000,000,001-\$50 billion

☐ More than \$50 billion

**16. Estimated liabilities**

☐ \$0-\$50,000

☐ \$50,001-\$100,000

☐ \$100,001-\$500,000

☐ \$500,001-\$1 million

☐ \$1,000,001-\$10 million

☒ \$10,000,001-\$50 million

☐ \$50,000,001-\$100 million

☐ \$100,000,001-\$500 million

☐ \$500,000,001-\$1 billion

☐ \$1,000,000,001-\$10 billion

☐ \$10,000,000,001-\$50 billion

☐ More than \$50 billion

Debtor **ParkHill Pediatric Surgery Center, LLC**

Case number (if known) \_\_\_\_\_

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **01/04/2021**  
MM / DD / YYYY

**X /s/ Glen R. Wyant**

Signature of authorized representative of debtor

**Glen R. Wyant**

Printed name

**Manager**

Title

**18. Signature of attorney**

**X /s/ Mark Ian Agee**

Date **01/04/2021**

Signature of attorney for debtor

MM / DD / YYYY

**Mark Ian Agee**

Printed name

**Mark Ian Agee, Attorney at Law**

Firm name

**6318 E. Lovers Lane**

Number Street

**Dallas**

City

**TX**

State

**75214**

ZIP Code

**(214) 320-0079**

Contact phone

**Mark@DallasBankruptcyLawyer.com**

Email address

**00931900**

Bar number

**TX**

State

**Fill in this information to identify the case**

Debtor name ParkHill Pediatric Surgery Center, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206A/B**

**Schedule A/B: Assets -- Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Chase Bank Checking account xxxx-1855 Checking account 1 8 5 5 \$0.00

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$0.00**

**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

Current value of  
debtor's interest

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$0.00**

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest

**11. Accounts receivable**

11a. 90 days old or less:	<u>\$84,602.00</u>	—	<u>\$63,452.00</u>	=	..... →	<u>\$21,150.00</u>
	face amount		doubtful or uncollectible accounts			
11b. Over 90 days old:	<u>\$216,374.00</u>	—	<u>\$211,230.00</u>	=	..... →	<u>\$5,144.00</u>
	face amount		doubtful or uncollectible accounts			

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$26,294.00**

**Part 4: Investments**

**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes. Fill in the information below.

Valuation method  
used for current value

Current value of  
debtor's interest

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

**\$0.00**

**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes. Fill in the information below.

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
<b>Main OR Inventory</b>	<b>12/16/2020</b>			<b>\$12,096.39</b>
<b>Suture Carts</b>	<b>12/16/2020</b>			<b>\$5,068.17</b>
<b>Anesthesia Carts</b>	<b>12/16/2020</b>			<b>\$7,364.32</b>
<b>Anesthesia Room Supplies</b>	<b>12/16/2020</b>			<b>\$8,647.71</b>
<b>Pre-Op Supplies</b>	<b>12/16/2020</b>			<b>\$2,348.80</b>
<b>Pre OP Cart</b>	<b>12/16/2020</b>			<b>\$376.65</b>
<b>SPD Decontamination Room</b>	<b>12/16/2020</b>			<b>\$1,298.47</b>
<b>GI Room Supplies</b>	<b>12/16/2020</b>			<b>\$2,800.50</b>
<b>Pharmacy Supplies</b>	<b>12/16/2020</b>			<b>\$10,803.47</b>
<b>Extras</b>	<b>12/16/2020</b>			<b>\$2,075.98</b>

23. Total of Part 5  
Add lines 19 through 22. Copy the total to line 84. \$52,880.46

24. Is any of the property listed in Part 5 perishable?

- ☒ No  
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

### Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			

33. Total of Part 6.  
Add lines 28 through 32. Copy the total to line 85. \$0.00



Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

**34. Is the debtor a member of an agricultural cooperative?**

- ☐ No  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No  
☐ Yes

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**36. Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No  
☐ Yes

**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No  
☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
Office Furniture & Fixtures	\$0.00		\$0.00
<b>40. Office fixtures</b>			
Tenant Improvement	\$2,239,963.00		Unknown
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>			
<b>42. Collectibles</b> <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1. Artwork	\$0.00		\$500.00
<b>43. Total of Part 7.</b> Add lines 39 through 42. Copy the total to line 86.			\$500.00

**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No  
☐ Yes

**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.  
☒ Yes. Fill in the information below.

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
<b>Machinery</b>	<b>\$0.00</b>		<b>\$22,150.00</b>
<b>Medical Equipment</b>	<b>\$0.00</b>		<b>\$450,000.00</b>
<b>51. Total of Part 8.</b>			<b>\$472,150.00</b>

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$472,150.00**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.  
☐ Yes. Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.

**Nature and extent of debtor's interest in property**

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$0.00**

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☐ No  
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☐ No  
☐ Yes

**Part 10: Intangibles and Intellectual Property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
<u>https://parkhill-surgery.com/</u>	<u>Unknown</u>		<u>Unknown</u>
62. Licenses, franchises, and royalties			
<u>Texas Health &amp; Human Services License</u>	<u>\$0.00</u>		<u>\$0.00</u>
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			<b>\$0.00</b>
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

### Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?  
Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes. Fill in the information below.

	Current value of debtor's interest
71. Notes receivable	
Description (include name of obligor)	
72. Tax refunds and unused net operating losses (NOLs)	
Description (for example, federal, state, local)	
73. Interests in insurance policies or annuities	
<u>General Liability, Contents, Medical Liability, CNA Insurance, Galyhean Insurance Agency, 6130 S FM 549, Rockwall, TX 75032</u>	<u>\$0.00</u>
74. Causes of action against third parties (whether or not a lawsuit has been filed)	
<u>PSN Affiliates, LLC-Greenville Avenue Series 1; PSN Affiliates, LLC-Greenville Avenue Series 2 &amp; Jordan Fowler v. ParkHill Pediatric Surgery Center, LLC, ParkHill Imaging Center Dallas, LLC, Glen R. Wyant, Michael Biavati, &amp; Cynthia L. Beauchamp, pending in the 298th Dallas County District Court, Cause No. DC-20-07472</u>	
Nature of claim	<u>Breach of contract; Receiver appt.</u>
Amount requested	<u>Unknown</u>

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

**Unfiled potential claim against Ferguson Braswell Fraser Kubasta PC for failure of Chapter 11 Bankruptcy Case.**

**Unknown**

Nature of claim Legal Malpractice

Amount requested \_\_\_\_\_

Unfiled claims against PSN Services and other PSN entities for theft/misappropriation of funds, breach of contract, and breach of fiduciary duty during the time PSN Services was managing the Debtor's business. There are also claims against the PSN Affiliates (including Jordan, PSN Group, PSN Invesco, PSN Affiliates, PSN Series Mapleshade, PSN Series, and others) for improperly withdrawing their capital contributions, conversion, etc. See below.

**Unknown**

Nature of claim Various

Amount requested \_\_\_\_\_

Unfiled claims against Jordan Fowler & various PSN Entities for breach of fiduciary duty based on their exercising management power to, among many other things, (1) prevent PICD and PPSC from negotiating a resolution of their disputes with the landlord, which led directly to the landlord locking them out and terminating their leases, (2) prevent PPSC's chapter 11 bankruptcy from going forward, (3) prevent PPSC from defending itself and bringing counterclaims in the arbitration with PSN Services. Contribution & Conversion. Breach of contract due to lost revenue for failing to bill, collect co-pays. Aided & Abetted by Jamie Welton and Barnes & Thornburg, PLLC.

**Unknown**

Nature of claim Various

Amount requested \_\_\_\_\_

Unfiled Claims against Jeffrey Michael Peterson, in-house counsel for PSN an PSN for payments made from Debtor to officers of PSN entities.

**Unknown**

Nature of claim Various

Amount requested \_\_\_\_\_

Probable counter-claims in recently filed NFS Leasing, Inc. v. Debtor in Essex County Superior Court, 43 Appleton Way, Lawrence, MA, 01841. Debtor may be represented by Jenny Liu, Attorney.

**Unknown**

Nature of claim Counter-Claim - misrepresentation etc.

Amount requested \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

**\$0.00**

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

Debtor **ParkHill Pediatric Surgery Center, LLC** Case number (if known) \_\_\_\_\_  
Name

## Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$26,294.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$52,880.46</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$500.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$472,150.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+\$0.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$551,824.46</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....	<u>\$551,824.46</u>	

**Fill in this information to identify the case:**

Debtor name ParkHill Pediatric Surgery Center, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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<b>2.1</b>	<b>Creditor's name</b> <u>Dallas County, CO Elizabeth Weller</u> <b>Creditor's mailing address</b> <u>Linebarger, Goggan, Blair &amp; Sampson</u> <u>2777 N. Stemmons Freeway, Suite 1000</u> <u>Dallas TX 75207</u> <b>Creditor's email address, if known</b> <u>bankruptcy@publicans.com</u> <b>Date debt was incurred</b> <u>2020</u> <b>Last 4 digits of account number</b> <u>0 6 6 5</u> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <u>Personal Property</u> <b>Describe the lien</b> <u>Property Taxes</u> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$11,704.17</u>	<u>\$0.00</u>
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**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$5,003,285.50

Debtor ParkHill Pediatric Surgery Center, LLC

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
Do not deduct the  
value of collateral.

*Column B*  
**Value of collateral  
that supports  
this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<div style="background-color: black; color: white; padding: 2px; text-align: center;"><b>2.2</b></div>	<b>Creditor's name</b> <u>Denton County c/o Tara LeDay</u>  <b>Creditor's mailing address</b> <u>McCreary, Veselka, Bragg &amp; Allen, P.C.</u> <u>PO Box 1269</u>  <u>Roundrock TX 78680-1269</u>  <b>Creditor's email address, if known</b> <u>tleday@mvalaw.com</u>  <b>Date debt was incurred</b> <u>2020</u>  <b>Last 4 digits of account number</b> <u>6 D E N</u>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b>  <b>Personal Property Taxes</b>  <b>Describe the lien</b> <b>Property Taxes</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"><b>\$31,178.56</b></div>	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"><b>\$0.00</b></div>
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<div style="background-color: black; color: white; padding: 2px; text-align: center;"><b>2.3</b></div>	<b>Creditor's name</b> <u>Hanmi Bank</u>  <b>Creditor's mailing address</b> <u>CO Christopher V. Arisco, Padfield &amp; St</u> <u>420 Throckmorton Street, Suite 1210</u>  <u>Fort Worth TX 76102</u>  <b>Creditor's email address, if known</b> _____  <b>Date debt was incurred</b> <u>8/30/2018</u>  <b>Last 4 digits of account number</b> _____  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b>  <b>Fixtures/Equipment</b>  <b>Describe the lien</b> <b>Equipment Finance Agreement</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"><b>\$118,365.39</b></div>	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"><b>\$0.00</b></div>
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Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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<p><b>2.4</b> Creditor's name <u>Johnson &amp; Johnson Finance Corp.</u></p> <p>Creditor's mailing address <u>501 George Street</u></p> <p><u></u></p> <p><u>New Brunswick NJ 08901</u></p> <p>Creditor's email address, if known <u></u></p> <p>Date debt was incurred <u>4/1/2019</u></p> <p>Last 4 digits of account number <u>          </u></p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>          </u></p>	<p>Describe debtor's property that is subject to a lien <u>Sterilizer ASP Equipment</u></p> <p>Describe the lien <u>Business Debt</u></p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p>	<p><u>\$55,518.22</u></p> <p><u>\$0.00</u></p>
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Debtor ParkHill Pediatric Surgery Center, LLC

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
Do not deduct the  
value of collateral.

*Column B*  
**Value of collateral  
that supports  
this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<div style="background-color: black; color: white; padding: 2px; text-align: center; width: 30px;">2.5</div>	<b>Creditor's name</b> <u>JPMorgan Chase</u>  <b>Creditor's mailing address</b> <u>Preston Center LPO</u> <u>8111 Preston Road, Floor 02</u>  <u>Dallas TX 75225</u>  <b>Creditor's email address, if known</b> <u>charles.f.schottler@chase</u>  <b>Date debt was incurred</b> <u>9/6/18</u>  <b>Last 4 digits of account number</b> <u>3 0 0 6</u>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?  <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <u>Inventory, Chattel Paper, Accounts, and General In</u>  <b>Describe the lien</b> <u>Business Debt</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;">\$767,930.76</div>	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;">\$551,324.46</div>
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For Accounts: 1) JPMorgan Chase. For Accounts: 1) JPMorgan Chase. For Anesthesia Carts: 1) JPMorgan Chase Bank NA; 2) JPMorgan Chase. For Anesthesia Room Supplies: 1) JPMorgan Chase Bank NA; 2) JPMorgan Chase. For Extras: 1) JPMorgan Chase Bank NA; 2) JPMorgan Chase. For GI Room Supplies: 1) JPMorgan Chase Bank NA; 2) JPMorgan Chase. For Main OR Inventory: 1) JPMorgan Chase. For Pharmacy Supplies: 1) JPMorgan Chase Bank NA; 2) JPMorgan Chase. For Pre OP Cart: 1) JPMorgan Chase Bank NA; 2) JPMorgan Chase. For Pre-Op Supplies: 1) JPMorgan Chase Bank NA; 2) JPMorgan Chase. For SPD Decontamination Room: 1) JPMorgan Chase Bank NA; 2) JPMorgan Chase. For Suture Carts: 1) JPMorgan Chase Bank NA; 2) JPMorgan Chase. For Office Furniture & Fixtures: 1) JPMorgan Chase Bank NA; 2) JPMorgan Chase. For Tenant Improvement: 1) JPMorgan Chase Bank NA; 2) JPMorgan Chase. For Machinery: 1) JPMorgan Chase Bank NA; 2) JPMorgan Chase. For Medical Equipment: 1) JPMorgan Chase Bank NA; 2) JPMorgan Chase.

☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

Debtor ParkHill Pediatric Surgery Center, LLC

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
Do not deduct the  
value of collateral.

*Column B*  
**Value of collateral  
that supports  
this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.6</b>	<b>Creditor's name</b> <u>JPMorgan Chase Bank NA</u>  <b>Creditor's mailing address</b> <u>CO Michael Held, Jackson Walker</u> <u>2323 Ross Avenue, Suite 600</u>  <u>Dallas TX 75201</u>  <b>Creditor's email address, if known</b> <u>mheld@jw.com</u>  <b>Date debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>3</u> <u>0</u> <u>0</u> <u>1</u>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?  <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <u>Inventory, Chattel Paper, Accounts and General Int</u>  <b>Describe the lien</b> <u>Business Debt</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,112,383.21</b>	<b>\$513,434.07</b>
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**For Tenant Improvement: See 2.5. For Pharmacy Supplies: See 2.5. For Pre OP Cart: See 2.5. For Pre-Op Supplies: See 2.5. For SPD Decontamination Room: See 2.5. For Suture Carts: See 2.5. For Office Furniture & Fixtures: See 2.5. For Artwork: 1) JPMorgan Chase Bank NA. For Machinery: See 2.5. For Medical Equipment: See 2.5. For Anesthesia Carts: See 2.5. For Anesthesia Room Supplies: See 2.5. For GI Room Supplies: See 2.5. For Extras: See 2.5.**

☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

<b>2.7</b>	<b>Creditor's name</b> <u>Karl Storz Capital</u>  <b>Creditor's mailing address</b> <u>1111 Old Eagle School Road</u>  <u>Wayne PA 19087</u>  <b>Creditor's email address, if known</b> <u>dshore@leasedirect.com</u>  <b>Date debt was incurred</b> <u>9/7/18</u> <b>Last 4 digits of account number</b> <u>3</u> <u>5</u> <u>3</u> <u>1</u>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>Equipment under Contract</u>  <b>Describe the lien</b> <u>Equipment Lease</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$126,405.59</b>	<b>\$0.00</b>
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**Lawsuit pending, see also DeLage Landen Financial Services**

Debtor **ParkHill Pediatric Surgery Center, LLC**

Case number (if known)

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral.

*Column B*  
**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.8**

**Creditor's name**  
**Karl Storz Capital**

**Describe debtor's property that is subject to a lien**

**\$195,093.17**

**\$0.00**

**Creditor's mailing address**  
**1111 Old Eagle School Road**

**Equipment**

**Describe the lien**

**Equipment Lease**

**Wayne PA 19087**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Creditor's email address, if known**  
**dshore@leasedirect.com**

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Date debt was incurred** **9/7/2018**

**Last 4 digits of account number** **8 4 6 8**

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines

**Lawsuit pending, see also DeLage Landen Financial Services**

**2.9**

**Creditor's name**  
**Leaf Capital Funding**

**Describe debtor's property that is subject to a lien**

**\$155,906.40**

**\$0.00**

**Creditor's mailing address**  
**2005 Market Street, 14th Floor**

**Medical Equipment**

**Describe the lien**

**Equipment Lease**

**Philadelphia PA 19103**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Creditor's email address, if known**  
**info@LEAFnow.com**

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Date debt was incurred** **8/13/2018**

**Last 4 digits of account number** **2 5 4 9**

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines

Debtor **ParkHill Pediatric Surgery Center, LLC**

Case number (if known)

**Part 1: Additional Page**

*Column A*  
**Amount of claim**  
Do not deduct the  
value of collateral.

*Column B*  
**Value of collateral  
that supports  
this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.10</b>	<b>Creditor's name</b> <b>Leaf Financial</b>	<b>Describe debtor's property that is subject to a lien</b> <b>Equipment</b> <b>Describe the lien</b> <b>Business Debt</b>	<b>\$4,530.87</b>	<b>\$0.00</b>
	<b>Creditor's mailing address</b> <b>PO Box 5066</b>			
	<b>Hartford CT 06102-5066</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Creditor's email address, if known</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Date debt was incurred</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Last 4 digits of account number</b>			
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			
<b>2.11</b>	<b>Creditor's name</b> <b>NFS Leasing, Inc.</b>	<b>Describe debtor's property that is subject to a lien</b> <b>DME Equipment</b> <b>Describe the lien</b> <b>Equipment Lease</b>	<b>\$264,848.10</b>	<b>\$0.00</b>
	<b>Creditor's mailing address</b> <b>Attn: Mark Blaisdell</b>			
	<b>900 Cummings Center, Suite 226-U</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Beverly MA 01915</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Creditor's email address, if known</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	<b>Date debt was incurred</b> <b>5/17/2018</b>			
	<b>Last 4 digits of account number</b>			
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			

**Lawsuit filed**

Debtor ParkHill Pediatric Surgery Center, LLC

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral.

*Column B*  
**Value of collateral that supports this claim**

<b>2.12</b>	<b>Creditor's name</b> <u>Olympus America, Inc.</u>  <b>Creditor's mailing address</b> <u>3500 Corporate Parkway</u>  <u>Center Valley PA 18034</u> <b>Creditor's email address, if known</b> <u>jenniferslifer@olympus.com</u> <b>Date debt was incurred</b> <u>3/29/2019</u> <b>Last 4 digits of account number</b> <u>4 8 1 5</u> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>Medical Equipment, Scope</u> <b>Describe the lien</b> <u>Equipment Lease</u> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$30,163.46</u>	<u>\$0.00</u>
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<b>2.13</b>	<b>Creditor's name</b> <u>Pawnee Leasing Corporation</u>  <b>Creditor's mailing address</b> <u>3801 Automation Way</u>  <u>Fort Collins CO 80525</u> <b>Creditor's email address, if known</b> <u>christina@pawneeleasing.com</u> <b>Date debt was incurred</b> <u>7/9/2018</u> <b>Last 4 digits of account number</b> <u>3 3 0 4</u> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>Office furnishings</u> <b>Describe the lien</b> <u>Equipment Lease</u> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$129,257.60</u>	<u>\$0.00</u>
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**Fill in this information to identify the case:**

Debtor ParkHill Pediatric Surgery Center, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.  
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

**2.1** Priority creditor's name and mailing address

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( )

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.1</div>	<b>Nonpriority creditor's name and mailing address</b> <u>7150 Dallas Properties, LLC</u> <u>CO Rakhee Patel, Winstead PC</u> <u>2728 N. Harwood Street, Suite 500</u>  <u>Dallas</u> TX <u>75201</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____ Lease, Tenant lock-out as of May 5, 2020.	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Contract/Lease</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,203,445.74</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.2</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Air Conditioning Innovative Solutions</u> <u>1028 N. McDonald</u>  <u>McKinney</u> TX <u>75069</u>  Date or dates debt was incurred <u>6/8/2020</u> Last 4 digits of account number <u>1 4 1 4</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,000.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.3</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Airgas USA, LLC</u> <u>P.O. Box 676015</u>  <u>Dallas</u> TX <u>75267-6015</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>9 9 8 2</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$158.70</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.4</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Alsco</u> <u>1340 East Berry Street</u>  <u>Fort Worth</u> TX <u>76119</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,216.48</u>

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.5</div> Nonpriority creditor's name and mailing address  <u>ASP</u> <u>P.O. Box 406663</u>  <u>Atlanta</u> <u>GA</u> <u>30384</u> Date or dates debt was incurred <u>3/2020</u> Last 4 digits of account number <u>7</u> <u>1</u> <u>5</u> <u>3</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$827.03</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.6</div> Nonpriority creditor's name and mailing address  <u>AT&amp;T</u> <u>PO Box 5019</u>  <u>Carol Stream</u> <u>IL</u> <u>60197-5019</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ See also MMBC	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,308.22</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.7</div> Nonpriority creditor's name and mailing address  <u>BD CareFusion 2200, Inc.</u> <u>25146 Network Place</u>  <u>Chicago</u> <u>IL</u> <u>60673-1250</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,944.85</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.8</div> Nonpriority creditor's name and mailing address  <u>Beaver-Visitec International, Inc.</u> <u>P.O. Box 842837</u>  <u>Boston</u> <u>MA</u> <u>02284-2837</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$710.89</u>
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Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<b>3.9</b>	Nonpriority creditor's name and mailing address  <u>Boston Scientific</u> <u>300 Boston Scientific Way</u>  <u>Marlborough</u> <u>MA</u> <u>01752-1234</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,919.27</u>
<b>3.10</b>	Nonpriority creditor's name and mailing address  <u>Cardinal Health 110</u> <u>CO Bank of America LB</u> <u>5303 Collections Center Drive</u>  <u>Chicago</u> <u>IL</u> <u>60693</u> Date or dates debt was incurred <u>1/19 to 8/19</u> Last 4 digits of account number <u>  1  </u> <u>  0  </u> <u>  7  </u> <u>  4  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,519.91</u>
<b>3.11</b>	Nonpriority creditor's name and mailing address  <u>Cardinal Health 200 LLC</u> <u>7000 Cardinal Place</u>  <u>Dublin</u> <u>OH</u> <u>43017</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$23,559.54</u>
<b>3.12</b>	Nonpriority creditor's name and mailing address  <u>CoreMed</u> <u>6988 Lebanon Road, Suite 102</u>  <u>Frisco</u> <u>TX</u> <u>75034</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,022.00</u>

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.13</div> Nonpriority creditor's name and mailing address  <u>CR Bard</u> <u>8195 Industrial Blvd</u>  <u>Covington</u> <u>GA</u> <u>30014</u> Date or dates debt was incurred <u>10-/2020</u> Last 4 digits of account number <u>7</u> <u>9</u> <u>7</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$644.31</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.14</div> Nonpriority creditor's name and mailing address  <u>CT Wolters &amp; Kluwer</u> <u>55 Challenger Road, Suite 202</u>  <u>Ridgefield Park</u> <u>NJ</u> <u>07660</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$477.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.15</div> Nonpriority creditor's name and mailing address  <u>Cynthia Beauchamp</u> <u>5608 Bushy Creek Trail</u>  <u>Dallas</u> <u>TX</u> <u>75252</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$57,649.40</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.16</div> Nonpriority creditor's name and mailing address  <u>Daily Solutions</u> <u>2714 Pasadena Place</u>  <u>Flower Mound</u> <u>TX</u> <u>75022</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$216.46</u>
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Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div> Nonpriority creditor's name and mailing address  <u>DeLage Landen Financial Services</u> <u>CO Jennifer D. Gould, Stark &amp; Stark</u> <u>777 Township Line Road, Suite 120</u>  <u>Yardley</u> <u>PA</u> <u>19067</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____  Lawsuit filed _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Collecting for - Karl Storz?</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$251,082.41</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div> Nonpriority creditor's name and mailing address  <u>Dominion Bank</u> <u>Attn: Amenda Cone</u> <u>17304 Preston Rd., Suite 430</u>  <u>Dallas</u> <u>TX</u> <u>75252</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$135,000.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div> Nonpriority creditor's name and mailing address  <u>Ferguson Braswell Fraser Kubasta PC</u> <u>2500 Dallas Parkway, Suite 600</u>  <u>Plano</u> <u>TX</u> <u>75093</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>3</u> <u>7</u> <u>4</u> <u>2</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Attorney Fees</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$113,601.22</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div> Nonpriority creditor's name and mailing address  <u>GoVoip</u> <u>2104 Roosevelt Drive, Suite C</u>  <u>Arlington</u> <u>TX</u> <u>76103</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____  Telephone Equipment _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Contract/Lease</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,777.91</u>
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Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.21</div> Nonpriority creditor's name and mailing address  <u>Grace Medical</u> <u>P.O. Box 5178</u>  <u>Memphis</u> <u>TN</u> <u>38101</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,479.21</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.22</div> Nonpriority creditor's name and mailing address  <u>Great American Financial Services</u> <u>P.O. Box 660831</u>  <u>Dallas</u> <u>TX</u> <u>75266-0831</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____ Lawsuit Pending	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.23</div> Nonpriority creditor's name and mailing address  <u>HCP CRS2 Plano TX, LP</u> <u>Attention: Asset Manager</u> <u>3000 Meridian Boulevard, Suite 200</u>  <u>Franklin</u> <u>TN</u> <u>37067</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____ Lease of Plano Office	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Real Estate Lease</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.24</div> Nonpriority creditor's name and mailing address  <u>Henry Schein</u> <u>135 Duryea Rd.</u>  <u>Melville</u> <u>NY</u> <u>11747</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.25</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Idarado, LLC</u> <u>Michael Bivati</u> <u>13230 Cedar Lane</u>  <u>Dallas TX 75234</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$153,533.90</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.26</div>	<b>Nonpriority creditor's name and mailing address</b> <u>IGenomeDx Inc.</u> <u>4115 Medical Drive, Suite 201</u>  <u>San Antonio TX 78229</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>1 4 8</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,612.50</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.27</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Image First</u> <u>3040 Quebec Street</u>  <u>Dallas TX 75247</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$251.86</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.28</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Infassure</u> <u>700 International Pkwy, Ste. 108</u>  <u>Richardson TX 75081</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,981.62</u>

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.29</div>	<b>Nonpriority creditor's name and mailing address</b>  <u>IPFS</u> <u>P.O. Box 412066</u>  <u>Kansas City</u> <u>MO</u> <u>64141</u>  Date or dates debt was incurred <u>11/2020</u> Last 4 digits of account number <u>1</u> <u>2</u> <u>9</u> <u>0</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$134.22</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.30</div>	<b>Nonpriority creditor's name and mailing address</b>  <u>Jani-King</u> <u>P.O. Box 930484</u>  <u>Atlanta</u> <u>GA</u> <u>31193-0485</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>3</u> <u>0</u> <u>0</u> <u>A</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$27,007.78</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.31</div>	<b>Nonpriority creditor's name and mailing address</b>  <u>Jericho DFW</u> <u>3416 Enterprise Drive, Suite 645</u>  <u>Rowlett</u> <u>TX</u> <u>75030</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.32</div>	<b>Nonpriority creditor's name and mailing address</b>  <u>Karl Storz Endoscopy America</u> <u>451 E. Grand Ave.</u>  <u>El Segundo</u> <u>CA</u> <u>90245</u>  Date or dates debt was incurred <u>12/18 top 7/19</u> Last 4 digits of account number <u>1</u> <u>0</u> <u>0</u> <u>6</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$16,829.46</u>

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.33</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Lab Corp</u> <u>P.O. Box 2550</u>  <u>Burlington</u> <u>NC</u> <u>27216-2250</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$68.15</u>
<b>3.34</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Lonestar Cleaning</u> <u>2620 Globe Avenue</u>  <u>Dallas</u> <u>TX</u> <u>75228</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,795.00</u>
<b>3.35</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Medicus IT</u> <u>100 North Point Center East #150</u>  <u>Alpharetta</u> <u>GA</u> <u>30022</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,176.45</u>
<b>3.36</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Medivators</u> <u>14605 28th Avenue N</u>  <u>Minneapolis</u> <u>MN</u> <u>55447</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$910.00</u>

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<b>3.37</b>	Nonpriority creditor's name and mailing address  <u>MedPro Waste Disposal</u> <u>PO Box 5683</u>  <u>Carol Stream</u> <u>IL</u> <u>60197</u> Date or dates debt was incurred <u>3/20 - 10/20</u> Last 4 digits of account number <u>3</u> <u>9</u> <u>5</u> <u>4</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,569.00</u>
<b>3.38</b>	Nonpriority creditor's name and mailing address  <u>Microsoft</u> <u>PO Box 842103</u>  <u>Dallas</u> <u>TX</u> <u>75284-2103</u> Date or dates debt was incurred <u>6/18 to 6/19</u> Last 4 digits of account number <u>4</u> <u>P</u> <u>D</u> <u>B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Subscription</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,558.40</u>
<b>3.39</b>	Nonpriority creditor's name and mailing address  <u>Millbern Ray</u> <u>P.O. Box 849</u>  <u>Bedford</u> <u>TX</u> <u>76095-0849</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>3</u> <u>8</u> <u>6</u> <u>8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<b>3.40</b>	Nonpriority creditor's name and mailing address  <u>MMBC Bankruptcy Office</u> <u>4331 Communications Drive</u>  <u>Dallas</u> <u>TX</u> <u>75211</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>0</u> <u>4</u> <u>5</u> <u>5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collecting for - AT&amp;T</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,308.22</u>



Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.41</div> Nonpriority creditor's name and mailing address <u>Modern Biomedical Services</u> <u>909 Lake Carolyn Pkwy, Ste 1100</u> _____ _____ <u>Irving TX 75039</u> _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,059.38</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.42</div> Nonpriority creditor's name and mailing address <u>National Joint Care</u> <u>17051 Dallas Parkway, Suite 200</u> _____ _____ <u>Addison TX 75001</u> _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$30,467.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.43</div> Nonpriority creditor's name and mailing address <u>ParkHill Medical, LLC</u> <u>17051 Dallas Parkway, Ste 200</u> _____ _____ <u>Addison TX 75001</u> _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ <u>Management Agreement</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract/Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$241,684.51</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.44</div> Nonpriority creditor's name and mailing address <u>Pediatric Ophthalmology PA</u> <u>Cynthia Beauchamp and John Tong</u> <u>7150 Greenville Ave, Suite 305</u> _____ _____ <u>Dallas TX 75231</u> _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,096.88</u>
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Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.45</div> Nonpriority creditor's name and mailing address  <u>Pointe Medical Consultants</u> <u>6026 East Univesity Blvd., Suite 105</u>  <u>Dallas</u> <u>TX</u> <u>75206</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,250.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.46</div> Nonpriority creditor's name and mailing address  <u>Priority One Consulting Group, Inc.</u> <u>201 NJ-17, 6th Floor</u>  <u>Rutherford</u> <u>NJ</u> <u>07070</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,608.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.47</div> Nonpriority creditor's name and mailing address  <u>Provation</u> <u>533 S. 3rd Street, Suite 300</u>  <u>Minneapolis</u> <u>MN</u> <u>55415</u>  Date or dates debt was incurred <u>12/2020</u> Last 4 digits of account number <u>P S C I</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,920.30</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.48</div> Nonpriority creditor's name and mailing address  <u>PSN Services</u> <u>c/o Jamie R. Welton</u> <u>Barns &amp; Thornburg, LLP</u> <u>2121 North Pearl Street, Suite 700</u> <u>Dallas</u> <u>TX</u> <u>75201</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,000,000.00</u>
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Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<b>3.49</b>	Nonpriority creditor's name and mailing address  <u>Quintech</u> <u>P.O. Box 947</u>  <u>Nash TX 75569</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$613.96</u>
<b>3.50</b>	Nonpriority creditor's name and mailing address  <u>Refrigerated Specialists, Inc.</u> <u>3100 East Meadows Blvd.</u>  <u>Mesquite TX 75150</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,006.73</u>
<b>3.51</b>	Nonpriority creditor's name and mailing address  <u>Sequim Asset Solution, LLC</u> <u>1130 Northchase Parkway, Suite 150</u>  <u>Marietta GA 30067</u>  Date or dates debt was incurred <u>9/2020</u> Last 4 digits of account number <u>5 1 8 2</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,448.40</u>
<b>3.52</b>	Nonpriority creditor's name and mailing address  <u>Service Experts</u> <u>1207 Avenue L</u>  <u>Plano TX 75074</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,000.00</u>

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.53</div> Nonpriority creditor's name and mailing address  <u>Shred It</u> <u>28883 Network Place</u>  <u>Chicago</u> <u>IL</u> <u>60673-1288</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$427.48</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.54</div> Nonpriority creditor's name and mailing address  <u>SIS (fka Amkai)</u> <u>PO Box 930484</u>  <u>Atlanta</u> <u>GA</u> <u>31193-0484</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  3  </u> <u>  3  </u> <u>  3  </u> <u>  1  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$74,273.27</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.55</div> Nonpriority creditor's name and mailing address  <u>SKEC Investments</u> <u>Stanley L. Davis</u> <u>2145 Portofino Drive</u>  <u>Rockwall</u> <u>TX</u> <u>75032</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$399,007.10</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.56</div> Nonpriority creditor's name and mailing address  <u>Staples</u> <u>500 Staples Drive</u>  <u>Framingham</u> <u>MA</u> <u>01702</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  </u> <u>  </u> <u>  </u> <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$58.06</u>
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Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.57</div> Nonpriority creditor's name and mailing address  <u>Stericycle</u> <u>7734 S 133rd Street</u>  <u>Omaha</u> <u>NE</u> <u>68138</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>8</u> <u>6</u> <u>7</u> <u>7</u> Shred It	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$427.48</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.58</div> Nonpriority creditor's name and mailing address  <u>Steris Corporation</u> <u>PO Box 676548</u>  <u>Dallas</u> <u>TX</u> <u>75267-6548</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>0</u> <u>0</u> <u>3</u> <u>7</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,303.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.59</div> Nonpriority creditor's name and mailing address  <u>Stryer</u> <u>3600 Holly Lane, Suite 40</u>  <u>Minneapolis</u> <u>MN</u> <u>55447</u> Date or dates debt was incurred <u>1/2019</u> Last 4 digits of account number ____ ____ ____ ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,541.67</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div> Nonpriority creditor's name and mailing address  <u>Surgical Notes</u> <u>3100 Monticello Avenue, Suite 450</u>  <u>Dallas</u> <u>TX</u> <u>75205</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ ____ ____ ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.61</div> Nonpriority creditor's name and mailing address  <u>Texas Air Systems</u> <u>6029 Campus Circle, Suite 100</u>  <u>Irving</u> <u>TX</u> <u>75063</u> Date or dates debt was incurred <u>1/2020</u> Last 4 digits of account number <u>R</u> <u>0</u> <u>4</u> <u>5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,609.31</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.62</div> Nonpriority creditor's name and mailing address  <u>Transworld Systems, Inc</u> <u>1105 Schrock Road, Suite 300</u>  <u>Aolumbus</u> <u>OH</u> <u>43229</u> Date or dates debt was incurred <u>7/2020</u> Last 4 digits of account number <u>1</u> <u>4</u> <u>6</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$41.20</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.63</div> Nonpriority creditor's name and mailing address  <u>US Small Business Administration</u> <u>14925 Kingsport Road</u>  <u>Fort Worth</u> <u>TX</u> <u>76155-2243</u> Date or dates debt was incurred <u>10/1/2020</u> Last 4 digits of account number <u>8</u> <u>0</u> <u>0</u> <u>8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>EIDL</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$150,000.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.64</div> Nonpriority creditor's name and mailing address  <u>WBW Surgical Supply Inc</u> <u>6300 FM 2449</u>  <u>Ponder</u> <u>TX</u> <u>76259</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$652.37</u>
--	--	-----------------

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.65** Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:  
*Check all that apply.*

\$401,842.60

Wyant Investments, Glen Wyant

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

5403 Janet Lane

Basis for the claim:

Colleyville TX 76034

Business Debt

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>Domenic Paolini</u> <u>Paolini &amp; Haley, P.C.</u> <u>400 Tradeecenter, Ste. 5900</u>  <u>Woburn</u> <u>MA</u> <u>01801</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Attorney for - NFS Leasing</b>	____ _ ____ _ ____ _ ____ _
4.2	<u>IRS Insolvency Section</u> <u>PO Box 7346</u>  <u>Philadelphia</u> <u>PA</u> <u>19101-7346</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	____ _ ____ _ ____ _ ____ _
4.3	<u>Jenny J. Liu, Attorney</u> <u>P.O. Box 290</u>  <u>North Billerica</u> <u>MA</u> <u>01862</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Attorney for - NFS Leasing</b>	____ _ ____ _ ____ _ ____ _
4.4	<u>Randall D. Armentrout</u> <u>Nyemaster Good, P.C.</u> <u>700 Walnut, Suite 1600</u>  <u>Des Moines</u> <u>IA</u> <u>50309-3899</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Attorney for - GreatAmerican</b>	____ _ ____ _ ____ _ ____ _
4.5	<u>Robert Arnett</u> <u>Carter Arnett</u> <u>8150 N. Central Expy Suite 500</u>  <u>Dallas</u> <u>TX</u> <u>75206</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	____ _ ____ _ ____ _ ____ _
4.6	<u>Texas Attorney General</u> <u>Bankruptcy &amp; Collections</u> <u>Texas Health and Human Services Commissi</u> <u>P.O. Box 12548 MC-008</u> <u>Austin</u> <u>TX</u> <u>78711</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	____ _ ____ _ ____ _ ____ _



Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 3:** Additional Page for Others to Be Notified About Unsecured Claims

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	<u>Texas Comptroller</u> <u>111 E. 17th Street</u> <u></u> <u>Austin TX 78774-0100</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	____ _
4.8	<u>Texas Workforce Comission</u> <u>TWC Building</u> <u>101 East 15th Street</u> <u></u> <u>Austin TX 78778</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	____ _
4.9	<u>William Camp</u> <u>William W. Camp, P.C.</u> <u>8445 Freeport Parkway, Suite 150</u> <u></u> <u>Irving TX 75063</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	____ _

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$0.00

5b. Total claims from Part 2 5b. + \$5,433,635.81

5c. Total of Parts 1 and 2 5c. \$5,433,635.81  
Lines 5a + 5b = 5c.

**Fill in this information to identify the case:**

Debtor name ParkHill Pediatric Surgery Center, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number \_\_\_\_\_ Chapter 7  
(if known)

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p>	<p><b>Lease</b></p> <p>Contract to be REJECTED</p> <p>Contract is in DEFAULT</p>	<p><u>7150 Dallas Properties, LLC</u></p> <p><u>CO Rakhee Patel, Winstead PC</u></p> <p><u>2728 N. Harwood Street, Suite 500</u></p> <p>_____</p> <p>Dallas TX 75201</p>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p>	<p><b>Services</b></p> <p>Contract to be REJECTED</p> <p>Contract is in DEFAULT</p>	<p><u>AT&amp;T</u></p> <p><u>PO Box 5019</u></p> <p>_____</p> <p>Carol Stream IL 60197-5019</p>
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p>	<p><b>Facilities Management</b></p> <p>Contract to be REJECTED</p> <p>Contract is in DEFAULT</p>	<p><u>Chileno Properties</u></p> <p><u>8301 Camp Bowie</u></p> <p>_____</p> <p>Fort Worth TX 76116</p>
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p>	<p><b>Insurance</b></p>	<p><u>CNA</u></p> <p><u>CO Galyean Insurance Agency</u></p> <p><u>6130 S Farm To market 549</u></p> <p>_____</p> <p>Rockwall TX 75032</p>

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	Registered Agent Contract to be REJECTED Contract is in DEFAULT	<u>CT Wolters &amp; Kluwer</u> <u>55 Challenger Road, Suite 202</u> _____ _____ <u>Ridgefield Park</u> <u>NJ</u> <u>07660</u> _____
2.6	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	Telephone Equipment Contract to be REJECTED Contract is in DEFAULT	<u>GoVoip</u> <u>2104 Roosevelt Drive, Suite C</u> _____ _____ <u>Arlington</u> <u>TX</u> <u>76103</u> _____
2.7	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	IT Lease Contract to be REJECTED Contract is in DEFAULT	<u>Great American Financial Services</u> <u>P.O. Box 660831</u> _____ _____ <u>Dallas</u> <u>TX</u> <u>75266-0831</u> _____
2.8	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	Equipment Finance Agreement Contract to be REJECTED Contract is in DEFAULT	<u>Hanmi Bank</u> <u>CO Christopher V. Arisco, Padfield &amp; Sto</u> <u>420 Throckmorton Street, Suite 1210</u> _____ _____ <u>Fort Worth</u> <u>TX</u> <u>76102</u> _____
2.9	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	Rental Agreement Contract to be REJECTED Contract is in DEFAULT	<u>HCP CRS2 Plano TX, LP</u> <u>Attention: Asset Manager</u> <u>3000 Meridian Boulevard, Suite 200</u> _____ _____ <u>Franklin</u> <u>TN</u> <u>37067</u> _____

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	<b>Medical Supplies Vendor</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<b>Henry Schein</b> <b>135 Duryea Rd.</b> _____ _____ <b>Melville</b> <b>NY</b> <b>11747</b> _____
2.11	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	<b>Access Badge Security</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<b>Infassure</b> <b>700 International Pkwy, Ste. 108</b> _____ _____ <b>Richardson</b> <b>TX</b> <b>75081</b> _____
2.12	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	<b>Copier &amp; Service Agreement</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<b>Jericho DFW</b> <b>3416 Enterprise Drive, Suite 645</b> _____ _____ <b>Rowlett</b> <b>TX</b> <b>75030</b> _____
2.13	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	<b>Equipment Lease</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<b>Johnson &amp; Johnson Finance Corp.</b> <b>501 George Street</b> _____ _____ <b>New Brunswick</b> <b>NJ</b> <b>08901</b> _____
2.14	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	<b>Equipment Lease</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<b>Karl Storz Capital</b> <b>1111 Old Eagle School Road</b> _____ _____ <b>Wayne</b> <b>PA</b> <b>19087</b> _____

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.15	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	<b>Equipment Lease</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<u>Karl Storz Capital</u> <u>1111 Old Eagle School Road</u> _____ _____ <u>Wayne</u> <u>PA</u> <u>19087</u>
2.16	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	<b>Equipment Lease</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<u>Leaf Capital Funding</u> <u>2005 Market Street, 14th Floor</u> _____ _____ <u>Philadelphia</u> <u>PA</u> <u>19103</u>
2.17	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	<b>Cleaning</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<u>Lonestar Cleaning</u> <u>2620 Globe Avenue</u> _____ _____ <u>Dallas</u> <u>TX</u> <u>75228</u>
2.18	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	<b>IT Management</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<u>Medicus IT</u> <u>100 North Point Center East #150</u> _____ _____ <u>Alpharetta</u> <u>GA</u> <u>30022</u>
2.19	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	<b>Equipment Lease</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<u>NFS Leasing, Inc.</u> <u>Attn: Mark Blaisdell</u> <u>900 Cummings Center, Suite 226-U</u> _____ _____ <u>Beverly</u> <u>MA</u> <u>01915</u>

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.20	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	<b>Equipment Lease</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<u>Olympus America, Inc.</u> <u>3500 Corporate Parkway</u> _____ _____ <u>Center Valley</u> <u>PA</u> <u>18034</u> _____
2.21	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	<b>Management Agreement</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<u>ParkHill Medical, LLC</u> <u>17051 Dallas Parkway, Ste 200</u> _____ _____ <u>Addison</u> <u>TX</u> <u>75001</u> _____
2.22	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	<b>Equipment Lease</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<u>Pawnee Leasing Corporation</u> <u>3801 Automation Way</u> _____ _____ <u>Fort Collins</u> <u>CO</u> <u>80525</u> _____
2.23	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	<b>IT Services</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<u>Priority One Consulting Group, Inc.</u> <u>201 NJ-17, 6th Floor</u> _____ _____ <u>Rutherford</u> <u>NJ</u> <u>07070</u> _____
2.24	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____ List the contract number of any government contract _____	<b>Management Agreement</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<u>PSN Services</u> <u>c/o Jamie R. Welton</u> <u>Barns &amp; Thornburg, LLP</u> <u>2121 North Pearl Street, Suite 700</u> _____ <u>Dallas</u> <u>TX</u> <u>75201</u> _____

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.25	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____  List the contract number of any government contract _____	<b>Document Shredding Services</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<b>Shred It</b> <b>28883 Network Place</b> _____ _____ <b>Chicago</b> <b>IL</b> <b>60673-1288</b>
2.26	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____  List the contract number of any government contract _____	<b>Medical Records</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<b>SIS</b> <b>PO Box 930484</b> _____ _____ <b>Atlanta</b> <b>GA</b> <b>31193-0484</b>
2.27	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____  List the contract number of any government contract _____	<b>Billing Service</b> <b>Contract to be REJECTED</b> <b>Contract is in DEFAULT</b>	<b>Surgical Notes</b> <b>3100 Monticello Avenue, Suite 450</b> _____ _____ <b>Dallas</b> <b>TX</b> <b>75205</b>



**Fill in this information to identify the case:**

Debtor name ParkHill Pediatric Surgery Center, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

**Column 1: Codebtor**

**Column 2: Creditor**

Name	Mailing address	Name	Check all schedules that apply:
2.1 Cynthia Beauchamp	<b>5608 Bushy Creek Trail</b> <small>Number Street</small> <hr/> <b>Dallas TX 75252</b> <small>City State ZIP Code</small>	<b>DeLage Landen Financial Services</b>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Glen Wyant	<b>5403 Janet Lane</b> <small>Number Street</small> <hr/> <b>Colleyville TX 76034</b> <small>City State ZIP Code</small>	<b>7150 Dallas Properties, LLC</b>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Glen Wyant	<b>5403 Janet Lane</b> <small>Number Street</small> <hr/> <b>Colleyville TX 76034</b> <small>City State ZIP Code</small>	<b>JPMorgan Chase Bank NA</b>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Jordan Fowler	<b>c/o Jamie R. Welton</b> <small>Number Street</small> <b>Barnes &amp; Thornburg, LLP</b> <hr/> <b>Dallas TX 75201</b> <small>City State ZIP Code</small>	<b>7150 Dallas Properties, LLC</b>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_

### Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

#### Column 1: Codebtor

#### Column 2: Creditor

Check all schedules that apply:

Name	Mailing address	Name	
2.5 Jordan Fowler	c/o Jamie R. Welton Number Street Barnes & Thornburg, LLP Dallas TX 75201 City State ZIP Code	JPMorgan Chase Bank NA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Jordan Fowler	c/o Jamie R. Welton Number Street Barnes & Thornburg, LLP Dallas TX 75201 City State ZIP Code	Great American Financial Services	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.7 Jordan Fowler	c/o Jamie R. Welton Number Street Barnes & Thornburg, LLP Dallas TX 75201 City State ZIP Code	DeLage Landen Financial Services	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.8 Michael Biavati	13230 Cedar Lane Number Street Dallas TX 75234 City State ZIP Code	DeLage Landen Financial Services	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.9 Stanley L. Davis	2145 Portofino Drive Number Street Rockwall TX 75032 City State ZIP Code	7150 Dallas Properties, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.10 Stanley L. Davis	2145 Portofino Drive Number Street Rockwall TX 75032 City State ZIP Code	JPMorgan Chase Bank NA	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**

Debtor Name ParkHill Pediatric Surgery Center, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum**

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**

Copy line 88 from Schedule A/B..... **\$0.00**

**1b. Total personal property:**

Copy line 91A from Schedule A/B..... **\$551,824.46**

**1c. Total of all property**

Copy line 92 from Schedule A/B..... **\$551,824.46**

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... **\$5,003,285.50**

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F..... **\$0.00**

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... **+ \$5,433,635.81**

**4. Total liabilities**

Lines 2 + 3a + 3b..... **\$10,436,921.31**

**Fill in this information to identify the case and this filing:**

Debtor Name ParkHill Pediatric Surgery Center, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number \_\_\_\_\_  
(if known)

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/04/2021  
MM / DD / YYYY

**X /s/ Glen R. Wyant**  
Signature of individual signing on behalf of debtor

**Glen R. Wyant**  
Printed name

**Manager**  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name ParkHill Pediatric Surgery Center, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

**04/19**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply.

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2020 to Filing date  
MM/DD/YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

\$1,108,240.00

For prior year:

From 01/01/2019 to 12/31/2019  
MM/DD/YYYY MM/DD/YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

\$2,489,721.00

For the year before that:

From 01/01/2018 to 12/31/2018  
MM/DD/YYYY MM/DD/YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

\$713,980.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. <b>JPMorgan Chase Bank NA</b> Creditor's name <b>CO Michael Held, Jackson Walker</b> Street <b>2323 Ross Avenue, Suite 600</b>  <b>Dallas TX 75201</b> City State ZIP Code	<b>10/19;</b> <b>11/20;</b> <b>12/22</b>	<u><b>\$47,280.00</b></u>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor	<b>ParkHill Pediatric Surgery Center, LLC</b> Name	Case number (if known)
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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.2.	<b>NFS Leasing, Inc.</b> <small>Creditor's name</small> <b>Attn: Mark Blaisdell</b> <small>Street</small> <b>900 Cummings Center, Suite 226-U</b>  <b>Beverly</b> <b>MA</b> <b>01915</b> <small>City</small> <small>State</small> <small>ZIP Code</small>	10/1/20	<u>\$7,789.65</u>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3.	<b>Pawnee Leasing Corporation</b> <small>Creditor's name</small> <b>3801 Automation Way</b> <small>Street</small>  <b>Fort Collins</b> <b>CO</b> <b>80525</b> <small>City</small> <small>State</small> <small>ZIP Code</small>	10/15; 11/15; 12/16/20	<u>\$12,117.90</u>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4.	<b>Hanmi Bank</b> <small>Creditor's name</small> <b>CO Christopher V. Arisco, Padfield &amp; Sto</b> <small>Street</small> <b>420 Throckmorton Street, Suite 1210</b>  <b>Fort Worth</b> <b>TX</b> <b>76102</b> <small>City</small> <small>State</small> <small>ZIP Code</small>	11/3; 11/24/20	<u>\$6,442.14</u>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5.	<b>Leaf Capital Funding</b> <small>Creditor's name</small> <b>2005 Market Street, 14th Floor</b> <small>Street</small>  <b>Philadelphia</b> <b>PA</b> <b>19103</b> <small>City</small> <small>State</small> <small>ZIP Code</small>	10/20; 12/21/20	<u>\$6,531.00</u>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.6.	<b>Henry Schein</b> <small>Creditor's name</small> <b>135 Duryea Rd.</b> <small>Street</small>  <b>Melville</b> <b>NY</b> <b>11747</b> <small>City</small> <small>State</small> <small>ZIP Code</small>	10/9; 10/16; 10/29	<u>\$2,396.95</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.7.	<b>HCP CRS2 Plano TX, LP</b> <small>Creditor's name</small> <b>Attention: Asset Manager</b> <small>Street</small> <b>3000 Meridian Boulevard, Suite 200</b>  <b>Franklin</b> <b>TN</b> <b>37067</b> <small>City</small> <small>State</small> <small>ZIP Code</small>	10/6; 11/2/20	<u>\$35,108.40</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Rent</b>

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.8. <b>Image First</b> Creditor's name <b>3040 Quebec Street</b> Street	<b>10/15;</b> <b>10/23; 11/2;</b> <b>11/6/20</b>	<b>\$3,321.39</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
<b>Dallas</b> City	<b>TX</b> State	<b>75247</b> ZIP Code	

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. <b>Michael Biavati</b> Insider's name <b>13230 Cedar Hill Lane</b> Street	<b>3/30/20</b>	<b>\$2,200.00</b>	<b>Repayment of Loan Advance made to PPSC.</b>
<b>Dallas</b> City	<b>TX</b> State	<b>75234</b> ZIP Code	

**Relationship to debtor**

**Manager**

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.2. <b>Parkhill Medical, LLC</b> Insider's name <b>17051 Dallas Parkway, Suite 200</b> Street	<b>1/7; 1/23;</b> <b>1/30; 2/7;</b> <b>2/20; 2/28;</b> <b>3/5; 3/6;</b> <b>3/13; 3/18;</b> <b>4/1; 4/10;</b> <b>4/15;</b> <b>8/20/20</b>	<b>\$147,000.00</b>	<b>Management Fees under Management Services Agreement.</b>
<b>Addison</b> City	<b>TX</b> State	<b>75001</b> ZIP Code	
<b>Relationship to debtor</b>			

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. <b>7150 Dallas Properties v. Parkhill Pediatric, et. al.</b>	<b>Claim for unpaid rent</b>	<b>101st Dallas County District</b> Name <b>600 Commerce Street</b> Street	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Case number</b> <b>DC-20-05572</b>		<b>Dallas TX 75202</b> City State ZIP Code	
7.2. <b>Great American Financial v. Parkhill, et. al</b>	<b>Collection</b>	<b>Iowa District Court for Linn County</b> Name <b>51 3rd Ave Bridge</b> Street	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Case number</b> <b>LACV095796</b>		<b>Cedar Rapids IA 52401</b> City State ZIP Code	
7.3. <b>Prizmed Imaging Solutions v Parkhill</b>	<b>Collection</b>	<b>Cuyoga County Common Pleas, Ohio</b> Name  Street	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Case number</b> <b>130361</b>		 City State ZIP Code	
7.4. <b>NFS Leasing v. Parkhill, et. al.</b>	<b>Lease Payments</b>	<b>Essex Superior Court, Massachusetts</b> Name  Street	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Case number</b> <b>2077CV0084</b>		 City State ZIP Code	



Debtor	<b>ParkHill Pediatric Surgery Center, LLC</b>	Case number (if known)	
	Name		

  

	Case title	Nature of case	Court or agency's name and address	Status of case
7.5.	<b>PSN Services v. Parkhill, et. al.</b>	<b>Breach of Contract, Receiver appointed</b>	<b>AAA Arbitration, Dallas</b>	<input checked="" type="checkbox"/> Pending
			Name	
			<b>18756 Stone Oak Parkway,</b>	<input type="checkbox"/> On appeal
			Street	<input type="checkbox"/> Concluded
	Case number		<b>San Antonio</b>	<b>TX</b>
	<b>020-19-0002-6833</b>		City	State ZIP Code
	Case title	Nature of case	Court or agency's name and address	Status of case
7.6.	<b>Karl Storz v. ParkHill Pediatric</b>	<b>Collection</b>	<b>Chester County, PA</b>	<input checked="" type="checkbox"/> Pending
			Name	
				<input type="checkbox"/> On appeal
			Street	<input type="checkbox"/> Concluded
	Case number			
			City	State ZIP Code

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe the property transferred	Dates	Total amount or value
11.1.	<u>Ferguson Braswell Fraser Kubasta PC</u>  Address <u>2500 Dallas Parkway, Suite 600</u> Street  <u>Plano TX 75093</u> City State ZIP Code  Email or website address <u>btittle@fbfk.law</u>  Who made the payment, if not debtor? _____	<u>Attorney Fees &amp; Retainer</u>	<u>5/25/20</u>	<u>\$50,000.00</u>
11.2.	<u>Fox Consulting</u>  Address <u>Ray Fox</u> Street <u>9217 Clover Valley Drive</u>  <u>Dallas TX 75234</u> City State ZIP Code  Email or website address <u>ray.fox@foxconsultingllc.com</u>  Who made the payment, if not debtor? _____	<u>Consulting for restructure of ParkHill Pediatric Surgery Center, LLC</u>	<u>5/25/20</u>	<u>\$10,000.00</u>
11.3.	<u>Mark Ian Agee, Attorney at Law</u>  Address <u>6318 E. Lovers Lane</u> Street  <u>Dallas TX 75214</u> City State ZIP Code  Email or website address <u>Mark@DallasBankruptcyLawyer.com</u>  Who made the payment, if not debtor? <u>National Joint Care Institute, LLC</u>		<u>12/22/2020</u>	<u>\$10,000.00</u>

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

Who was paid or who received the transfer?	If not money, describe the property transferred	Dates	Total amount or value
11.4. <u>William Garrett-Court Appointed Receiver</u>	Payment for ParkHill Pediatric Surgery Center, LLC and ParkHill Imaging Center Dallas, LLC. made pursuant to Court order.	<u>12/28/2020;</u>	<u>\$36,300.00</u>
<b>Address</b>			
<u>7931 Enclave Way</u>			
<small>Street</small>			
<hr/>			
<u>Dallas</u>	<u>TX</u>	<u>75218</u>	
<small>City</small>	<small>State</small>	<small>ZIP Code</small>	
<b>Email or website address</b>			
<u>billgarrett@sbcglobal.net</u>			
<hr/>			
<b>Who made the payment, if not debtor?</b>			
<u>National Joint Care Institute</u>			
<hr/>			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
 Do not include transfers already listed on this statement.

☒ None

**13. Transfers not already listed on this statement**

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy	
14.1. <u>7150 Greenville Avenue, Suit 400</u>	From <u>11/21/2016</u>	To <u>5/2020</u>
<small>Street</small>		
<hr/>		
<u>Dallas</u>	<u>TX</u>	<u>75231</u>
<small>City</small>	<small>State</small>	<small>ZIP Code</small>

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

## Part 8: Health Care Bankruptcies

### 15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- ☐ diagnosing or treating injury, deformity, or disease, or
- ☐ providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.  
☒ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including  
type of services the debtor provides

If debtor provides meals  
and housing, number of  
patients in debtor's care

15.1. ParkHill Pediatric Surgery

Pediatric medical surgery center

Facility name

7000 W. Plano Pkwy., Ste.

Street

Location where patient records are maintained  
(if different from facility address). If electronic, identify  
any service provider.

7000 W. Plano Pkwy., Ste. 100 Plano, Texas  
75093

How are records kept?  
Check all that apply:

- ☒ Electronically  
☒ Paper

Plano

City

TX 75093

State ZIP Code

## Part 9: Personally Identifiable Information

### 16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.  
☒ Yes. State the nature of the information collected and retained  
**Patient records related to surgical procedures performed**

Does the debtor have a privacy policy about that information?

- ☒ No.  
☐ Yes.

### 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.  
☒ Yes. Does the debtor serve as plan administrator?  
☐ No. Go to Part 10.  
☒ Yes. Fill in below:

Name of plan

Employer Identification number of the plan

401-K

EIN: 8 1 - 0 6 9 0 5 7 7

Has the plan been terminated?

- ☒ No  
☐ Yes

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

## Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

### 18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. <b>Plains Capital Bank</b> Name <b>8200 Douglas Avenue, Suite 100</b> Street  <b>Dallas TX 75225</b> City State ZIP Code	XXXX- <u>3</u> <u>8</u> <u>0</u> <u>0</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>August 2020</u>	<u>\$0.00</u>

### 19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

### 20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

## Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

### 21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

## Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?**

Include settlements and orders.

- ☒ No  
☐ Yes. Provide details below.

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No  
☐ Yes. Provide details below.

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Provide details below.

## Part 13: Details About the Debtor's Business or Connections to Any Business

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address		Dates of service	
		From	To
26a.1.	<b>Ron Allen CPA, P.C.</b> <small>Name</small> <b>2909 Cole Avenue # 119</b> <small>Street</small> <hr/> <b>Dallas TX 75204</b> <small>City State ZIP Code</small>		
26a.2.	<b>Millbern Ray</b> <small>Name</small> <b>4831 Merlot Avenue, Suite 320</b> <small>Street</small> <hr/> <b>Grapevine TX 76051</b> <small>City State ZIP Code</small>	From <b>2017</b>	To <b>Present</b>

Debtor **ParkHill Pediatric Surgery Center, LLC** Case number (if known) \_\_\_\_\_  
Name

**Name and address**

**Dates of service**

26a.3. **Laura Allen Pencil, Inc.**

From **2017** To **Present**

Name

**9101 LBJ Freeway**

Street

**Dallas**

City

**TX**

State

**75243**

ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

**Name and address**

**If any books of account and records are unavailable, explain why**

26c.1. **Millbern Ray**

Name

**P.O. Box 849**

Street

**Dallas**

City

**TX**

State

**76095-0849**

ZIP Code

**Name and address**

**If any books of account and records are unavailable, explain why**

26c.2. **Laura Allen Pencil, Inc.**

Name

**9101 LBJ Freeway, Ste. 650**

Street

**Dallas**

City

**TX**

State

**75243**

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

**Name and address**

26d.1. **JPMorgan Chase Bank, NA**

Name

**Preston Center LPO**

Street

**8111 Preston Road, Floor 02**

**Dallas**

City

**TX**

State

**75225**

ZIP Code

Debtor Parkhill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☐ No.  
☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
<u>Javier Bucio</u>	<u>12/31/19</u>	<u>\$43,669.39</u>

Name and address of the person who has possession of inventory records

27.1. Parkhill Pediatric Surgery Center, LLC  
Name  
7000 W. Plano Parkway, Suite 100  
Street  


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<u>Plano</u>	<u>TX</u>	<u>75093</u>
<small>City</small>	<small>State</small>	<small>ZIP Code</small>

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
<u>Javier Bucio</u>	<u>12/10/2020</u>	<u>\$52,880.46</u>

Name and address of the person who has possession of inventory records

27.2. Parkhill Pediatric Surgery Center, LLC  
Name  
7000 W. Plano Parkway, Suite 100  
Street  


---

<u>Plano</u>	<u>TX</u>	<u>75093</u>
<small>City</small>	<small>State</small>	<small>ZIP Code</small>

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
<u>Michael Biavati</u>	<u>13230 Cedar Lane</u> <u>Dallas, TX 75234</u>	<u>Class B Managine Member</u>	
<u>Cynthis Beauchamp</u>	<u>5608 Bushy Creek Trail</u> <u>Dallas, TX 75252</u>	<u>Class A Managine Member</u>	
<u>Glen R. Wyant</u>	<u>5403 Janet Lane</u> <u>Colleyville, TX 76034</u>	<u>Class B Managing Member; /</u> <u>Chairman of the Board of</u> <u>Managers</u>	
<u>Stanley Davis</u>	<u>2145 Portofino Drive</u> <u>Dallas, TX 750332</u>		



Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No  
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Jordan Fowler	CO Jamie R. Welton Barnes & Thornburg 2121 North Pear Street, Suite 700 Dallas, TX 75201	Manager	From <u>02/2018</u> To <u>08/2019</u>

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. <u>Michael Biavati</u> Name <u>13230 Cedar Lane</u> Street  <u>Dallas TX 75234</u> City State ZIP Code	\$2,200.00	3/30/20	
Relationship to debtor <u>Manager</u>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Debtor ParkHill Pediatric Surgery Center, LLC Case number (if known) \_\_\_\_\_  
Name

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/04/2021  
MM / DD / YYYY

**X** /s/ Glen R. Wyant Printed name Glen R. Wyant  
Signature of individual signing on behalf of the debtor  
Position or relationship to debtor Manager

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No  
☐ Yes

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TEXAS  
SHERMAN DIVISION**

In re **ParkHill Pediatric Surgery Center, LLC**

Case No. \_\_\_\_\_

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u><b>\$10,000.00</b></u>
Prior to the filing of this statement I have received.....	<u><b>\$10,000.00</b></u>
Balance Due.....	<u><b>\$0.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify)  
**National Joint Care Institute, LLC**

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**Preparation and filing of any amendment to the original schedules and statements (\$250); Adversary proceedings of any type; Defending dismissal and abuse motions under § 707 of the Bankruptcy Code; Preparing motions for authority to sell property; Defending motions for relief from stay; Defending motions to dismiss; Litigation for stay violations; Post-discharge injunction actions; Adversary proceedings; Turnover adversaries; 2004 examinations or other discovery; Audits by the U.S. Trustee; Lien avoidance motions (additional fee); Redemption negotiations and motions (additional fee); Reopening a closed case; Non-bankruptcy proceedings.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**01/04/2021**

*Date*

**/s/ Mark Ian Agee**

*Mark Ian Agee*  
Mark Ian Agee, Attorney at Law  
6318 E. Lovers Lane  
Dallas, TX 75214  
Phone: (214) 320-0079 / Fax: (214) 320-2966

Bar No. 00931900

**/s/ Glen R. Wyant**

**Glen R. Wyant**  
**Manager**

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TEXAS  
SHERMAN DIVISION**

IN RE: **ParkHill Pediatric Surgery Center, LLC**

CASE NO

CHAPTER **7**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 1/4/2021

Signature /s/ Glen R. Wyant  
Glen R. Wyant  
Manager

Date \_\_\_\_\_

Signature \_\_\_\_\_

7150 Dallas Properties, LLC  
CO Rakhee Patel, Winstead PC  
2728 N. Harwood Street, Suite 500  
Dallas, TX 75201

Air Conditioning Innovative Solutions  
1028 N. McDonald  
McKinney, TX 75069

Airgas USA, LLC  
P.O. Box 676015  
Dallas, TX 75267-6015

AlSCO  
1340 East Berry Street  
Fort Worth, TX 76119

ASP  
P.O. Box 406663  
Atlanta, GA 30384

AT&T  
PO Box 5019  
Carol Stream, IL 60197-5019

BD CareFusion 2200, Inc.  
25146 Network Place  
Chicago, IL 60673-1250

Beaver-Visitec International, Inc.  
P.O. Box 842837  
Boston, MA 02284-2837

Boston Scientific  
300 Boston Scientific Way  
Marlborough, MA 01752-1234

Cardinal Health 110  
CO Bank of America LB  
5303 Collections Center Drive  
Chicago, IL 60693

Cardinal Health 200 LLC  
7000 Cardinal Place  
Dublin, OH 43017

Chileno Properties  
8301 Camp Bowie  
Fort Worth, TX 76116

CNA  
CO Galyean Insurance Agency  
6130 S Farm To market 549  
Rockwall, TX 75032

CoreMed  
6988 Lebanon Road, Suite 102  
Frisco, TX 75034

CR Bard  
8195 Industrial Blvd  
Covington, GA 30014

CT Wolters & Kluwer  
55 Challenger Road, Suite 202  
Ridgefield Park, NJ 07660

Cynthia Beauchamp  
5608 Bushy Creek Trail  
Dallas, TX 75252

Daily Solutions  
2714 Pasadena Place  
Flower Mound, TX 75022

Dallas County, CO Elizabeth Weller  
Linebarger, Goggan, Blair & Sampson  
2777 N. Stemmons Freeway, Suite 1000  
Dallas, TX 75207

DeLage Landen Financial Services  
CO Jennifer D. Gould, Stark & Stark  
777 Township Line Road, Suite 120  
Yardley, PA 19067

Denton County c/o Tara LeDay  
McCreary, Veselka, Bragg & Allen, P.C.  
PO Box 1269  
Roundrock, TX 78680-1269

Domenic Paolini  
Paolini & Haley, P.C.  
400 Tradeecenter, Ste. 5900  
Woburn, MA 01801

Dominion Bank  
Attn: Amenda Cone  
17304 Preston Rd., Suite 430  
Dallas, TX 75252

Ferguson Braswell Fraser Kubasta PC  
2500 Dallas Parkway, Suite 600  
Plano, TX 75093

Glen Wyant  
5403 Janet Lane  
Colleyville, TX 76034

GoVoip  
2104 Roosevelt Drive, Suite C  
Arlington, TX 76103

Grace Medical  
P.O. Box 5178  
Memphis, TN 38101



Great American Financial Services  
P.O. Box 660831  
Dallas, TX 75266-0831

Hanmi Bank  
CO Christopher V. Arisco, Padfield & Sto  
420 Throckmorton Street, Suite 1210  
Fort Worth, TX 76102

HCP CRS2 Plano TX, LP  
Attention: Asset Manager  
3000 Meridian Boulevard, Suite 200  
Franklin, TN 37067

Henry Schein  
135 Duryea Rd.  
Melville NY 11747

Idarado, LLC  
Michael Bivati  
13230 Cedar Lane  
Dallas, TX 75234

IGenomeDx Inc.  
4115 Medical Drive, Suite 201  
San Antonio, TX 78229

Image First  
3040 Quebec Street  
Dallas, TX 75247

Infassure  
700 International Pkwy, Ste. 108  
Richardson, TX 75081

IPFS  
P.O. Box 412066  
Kansas City, MO 64141

IRS Insolvency Section  
PO Box 7346  
Philadelphia PA 19101-7346

Jani-King  
P.O. Box 930484  
Atlanta, GA 31193-0485

Jenny J. Liu, Attorney  
P.O. Box 290  
North Billerica, MA 01862

Jericho DFW  
3416 Enterprise Drive, Suite 645  
Rowlett, TX 75030

Johnson & Johnson Finance Corp.  
501 George Street  
New Brunswick, NJ 08901

Jordan Fowler  
c/o Jamie R. Welton  
Barnes & Thornburg, LLP  
2121 North Pearl Street, Suite 700  
Dallas, TX 75201

JPMorgan Chase  
Preston Center LPO  
8111 Preston Road, Floor 02  
Dallas, TX 75225

JPMorgan Chase Bank NA  
CO Michael Held, Jackson Walker  
2323 Ross Avenue, Suite 600  
Dallas, TX 75201

Karl Storz Capital  
1111 Old Eagle School Road  
Wayne, PA 19087

Karl Storz Endoscopy America  
451 E. Grand Ave.  
El Segundo, CA 90245

Lab Corp  
P.O. Box 2550  
Burlington, NC 27216-2250

Leaf Capital Funding  
2005 Market Street, 14th Floor  
Philadelphia, PA 19103

Leaf Financial  
PO Box 5066  
Hartford, CT 06102-5066

Lonestar Cleaning  
2620 Globe Avenue  
Dallas, TX 75228

Medicus IT  
100 North Point Center East #150  
Alpharetta, GA 30022

Medivators  
14605 28th Avenue N  
Minneapolis, MN 55447

MedPro Waste Disposal  
PO Box 5683  
Carol Stream, IL 60197

Michael Biavati  
13230 Cedar Lane  
Dallas, TX 75234

Microsoft  
PO Box 842103  
Dallas, TX 75284-2103

Millbern Ray  
P.O. Box 849  
Bedford, TX 76095-0849

MMBC Bankruptcy Office  
4331 Communications Drive  
Dallas, TX 75211

Modern Biomedical Services  
909 Lake Carolyn Pkwy, Ste 1100  
Irving, TX 75039

National Joint Care  
17051 Dallas Parkway, Suite 200  
Addison, TX 75001

NFS Leasing, Inc.  
Attn: Mark Blaisdell  
900 Cummings Center, Suite 226-U  
Beverly, MA 01915

Olympus America, Inc.  
3500 Corporate Parkway  
Center Valley, PA 18034

ParkHill Medical, LLC  
17051 Dallas Parkway, Ste 200  
Addison, TX 75001

Pawnee Leasing Corporation  
3801 Automation Way  
Fort Collins, CO 80525

Pediatric Ophthalmology PA  
Cynthia Beauchamp and John Tong  
7150 Greenville Ave, Suite 305  
Dallas, TX 75231

Pointe Medical Consultants  
6026 East Univesity Blvd., Suite 105  
Dallas, TX 75206

Priority One Consulting Group, Inc.  
201 NJ-17, 6th Floor  
Rutherford, NJ 07070

Provation  
533 S. 3rd Street, Suite 300  
Minneapolis, MN 55415

PSN Services  
c/o Jamie R. Welton  
Barns & Thornburg, LLP  
2121 North Pearl Street, Suite 700  
Dallas, TX 75201

Quintech  
P.O. Box 947  
Nash, TX 75569

Randall D. Armentrout  
Nyemaster Good, P.C.  
700 Walnut, Suite 1600  
Des Moines, IA 50309-3899

Refrigerated Specialists, Inc.  
3100 East Meadows Blvd.  
Mesquite, TX 75150

Robert Arnett  
Carter Arnett  
8150 N. Central Expy Suite 500  
Dallas, TX 75206

Sequim Asset Solution, LLC  
1130 Northchase Parkway, Suite 150  
Marietta GA 30067

Service Experts  
1207 Avenue L  
Plano, TX 75074

Shred It  
28883 Network Place  
Chicago, IL 60673-1288

SIS  
PO Box 930484  
Atlanta, GA 31193-0484

SIS (fka Amkai)  
PO Box 930484  
Atlanta, GA 31193-0484

SKEC Investments  
Stanley L. Davis  
2145 Portofino Drive  
Rockwall, TX 75032

Stanley L. Davis  
2145 Portofino Drive  
Rockwall, TX 75032

Staples  
500 Staples Drive  
Framingham, MA 01702

Stericycle  
7734 S 133rd Street  
Omaha, NE 68138

Steris Corporation  
PO Box 676548  
Dallas, TX 75267-6548

Stryer  
3600 Holly Lane, Suite 40  
Minneapolis, MN 55447

Surgical Notes  
3100 Monticello Avenue, Suite 450  
Dallas, TX 75205

Texas Air Systems  
6029 Campus Circle, Suite 100  
Irving, TX 75063

Texas Attorney General  
Bankruptcy & Collections  
Texas Health and Human Services Commissi  
P.O. Box 12548 MC-008  
Austin, Texas 78711

Texas Comptroller  
111 E. 17th Street  
Austin, Texas 78774-0100

Texas Workforce Comission  
TWC Building  
101 East 15th Street  
Austin, TX 78778

Transworld Systems, Inc  
1105 Schrock Road, Suite 300  
Aolumbus, OH 43229

US Small Business Administration  
14925 Kingsport Road  
Fort Worth, TX 76155-2243

WBW Surgical Supply Inc  
6300 FM 2449  
Ponder, TX 76259

William Camp  
William W. Camp, P.C.  
8445 Freeport Parkway, Suite 150  
Irving, TX 75063

Wyant Investments, Glen Wyant  
5403 Janet Lane  
Colleyville, TX 76034